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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 21220/04097 (GR201FU469)

First Inventor or Application Identifier Thomas J. Nostrand

Title TRANSIENT SUPPRESSION APPARATUS FOR POTENTIALLY
EXPLOSIVE ENVIRONMENTS

Express Mail Label No. EL085013254US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 12]
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ For./Inform Drawing(s) (35 U.S.C. 113) [Total Sheets 2]
4. ☒ Oath or Declaration [Total Pages 3]
- a. ☐ Newly executed (original or copy)
- ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting
inventor(s) named in the prior application
See 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. §3.73 (b) Statement ☐ Power of Attorney
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ *Small Entity Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Other: _____

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____
Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

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or ☐ Correspondence address below

Name WILLIAM E. ZITELLI (28,551)
PATENT TRADEMARK OFFICE

Address _____

City _____ State _____ Zip Code _____

Country _____ Telephone 216-622-8229 Fax 216-241-0816

Name (Print/Type)	WILLIAM E. ZITELLI	Registration No. (Attorney/Agent)	28,551
Signature	William E. Zitelli	Date	1/7/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



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FEE TRANSMITTAL for FY 2002		PATENT TRADEMARK OFFICE		Complete if Known	
Patent fees are subject to annual revision		Application Number		Unknown	
		Filing Date		January 7, 2002	
		First Named Inventor		Thomas J. Nostrand	
		Examiner Name			
		Group Art Unit			
TOTAL AMOUNT OF PAYMENT		\$780.00		Attorney Docket No. 21220/04097 (GR201FU469)	
				Express Mail No. EL085013254US	

METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 03-0172 Deposit Account Name: Calfee, Halter & Griswold LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	\$740.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	\$
SUBTOTAL (1)					\$ 740.00
2. EXTRA CLAIM FEES					
Total Claims	20	Extra Claims	-20 = 0	Fee from below	x 18.00 = 0
Independent Claims	2		- 3 = 0		x 84.00 = 0
Multiple Dependent					=
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					\$0-
** or number previously paid, if greater; For Reissue, see above					
				SUBTOTAL (3) (\$40.00)	

SUBMITTED BY			Complete (if applicable)	
Name (Print/Type)	William E. Zitelli	Registration No. (Attorney/Agent)	28,551	Telephone (216) 622-8229
Signature	William E. Zitelli	Date	1/7/02	

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